



Hotel Accommodation

(individual participants or groups with less than 10 rooms)

<div style="border: 1px solid black; padding: 10px; width: 80%; margin: 0 auto;"> <p style="text-align: center; font-weight: bold;">Send the housing form by fax or E.mail to</p> </div> <div style="text-align: center; font-size: 2em; margin: 10px 0;">➔</div>	<p style="font-size: 1.5em; font-weight: bold; margin: 0;">KUONI</p> <p style="margin: 0;">Destination Management</p> <p style="margin: 5px 0;">Geneva Business Center Av. des Morgines 12 CH-1213 Petit Lancy Tel. +41 22 908 18 55 Fax + 41 22 908 18 35 E-mail: congress.gva@ch.kuoni.com</p>
---	---

IDENTIFICATION

Please complete this section accurately. The information you provide will allow us to correspond with you efficiently.

PARTICIPANT (PLEASE TYPE OR PRINT IN BLOCK LETTERS)

Family Name _____

First Name _____

Title Prof. Dr. Mr. Mrs. Ms.

MAILING ADDRESS

Company/Institute _____

Address _____

City _____ Zip/Postal code _____ Country _____

Telephone (office hours): Country code/city code/number _____

Fax: Country code/city code/number _____

E-Mail Address _____

ACCOMMODATION IN GENEVA HOTELS

Type of room required: Single Double* Twin beds*

First Choice Hotel _____ Second Choice Hotel _____

Check-in date / / 2010 Check-out date / / 2010

Total no. of nights

* I will share my accommodation with _____

If required, an invoice can be sent. Please send the request for an invoice to: congress.gva@kuoni.ch